

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 7 1948  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 7 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17213  
Registrar's No. 2255

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3926 Warwick Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 62 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry E. Wood

3. (b) If veteran, name war None 3. (c) Social Security No. 490-16-0070

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 8 years 1870 (Day) (Year)  
7. Birth date of deceased November (Month) 8 (Day) 1870 (Year)

8. AGE: Years 72 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Norfolk, Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Art Editor  
K. C. Star

11. Industry or business  
12. Name Melville Wood  
13. Birthplace Mass. (City, town, or county) (State or foreign country)  
14. Maiden name Catherine Forbush  
15. Birthplace Mass. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Culbertson  
(b) Address 3926 Warwick

17. (a) Burial (b) Date thereof 5-15-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Mo.

19. (a) 5-15-43 (b) H. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3926 Warwick Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner to 19 that I last saw him 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arterio sclerosis with myocardial fibrosis  
Due to 94a  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations See above  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury M.D.  
23. Signature A. E. Dwyer (M. D. or other) 5/17/43  
Address 234 N. 1st St. Date signed

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Clarence W. Chiles*

Licensed Embalmer No.

*3473*

P. O. Address

*26 E 7th St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**